

EXHIBIT 21

ORIGINAL

Massachusetts Registry of Motor Vehicles RMV-T Application Form (617) 351-4500 http://www.massrmv.com				3. Number of Documents		<input type="checkbox"/> RO (Registration Only) <input type="checkbox"/> RX (Registration Transfer) <input type="checkbox"/> ST (Salvage Title) <input type="checkbox"/> RT (Registration & Title) <input type="checkbox"/> TAR (Title Add Registration) <input type="checkbox"/> TO (Title Only) <input type="checkbox"/> SW (Summer/Winter Swap) <input type="checkbox"/> Address Change	
1. Eff. Date		2. Reg. Exp. Date		5. Plate Type		6. Registration Number	
Registration/Vehicle Information				7. Previous Title #		8. State	
9. Type of Registration: <input type="checkbox"/> Passenger <input type="checkbox"/> Bus <input type="checkbox"/> Taxi <input type="checkbox"/> Livery <input type="checkbox"/> Commercial <input type="checkbox"/> Trailer <input type="checkbox"/> Auto Home <input type="checkbox"/> Semi-Trailer <input checked="" type="checkbox"/> Motorcycle <input type="checkbox"/> Other				10. Vehicle Identification Number: 1 H D 1 1 H A Z 1 3 B K B 3 1 9 4 1 0 9			
11. Year 2003	12. Make HD	13. Model Name VRSKA	14. Model #	15. Body Style MC	16. Circle Color (s) of Vehicle 0-Orange 1-Black 2-Blue 3-Brown 4-Red 5-Yellow 6-Green 7-White 8-Gray 9-Purple		17. # of Cylinders/Passengers/Doors 2 2 0 /
18. Transmission <input type="checkbox"/> Automatic <input checked="" type="checkbox"/> Manual		19. Total Gross Weight (Laden)		20. Motor Power <input checked="" type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input type="checkbox"/> Other		21. Bus: <input type="checkbox"/> Regular <input type="checkbox"/> DPU <input type="checkbox"/> Livery <input type="checkbox"/> Taxi <input type="checkbox"/> School Pupil If carrying passengers for hire, max no. of passengers that can be seated: _____ If school bus, is it used exclusively for city, town, or school district? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Owner Information				22. Owner 1 License #/State MA		23. Owner 2 License #/State	
25. Owner 1 Name (Last, First, Middle) KALINOSKI, PAUL				26. Owner 1 Date of Birth 12/29/1980			
27. Owner 2 Name (Last, First, Middle)				28. Owner 2 Date of Birth			
				30. City/Town Where Vehicle is Principally Garaged:			
31. Mailing Address 12 CLARENCE ST				City BILLERICA		State MA	
				Zip Code 01821			
32. Residential Address				City		State	
				Zip Code			
33. For Leased Vehicles include License Number, Date of Birth and State or EIN/FID Number and Name of Lessee							
34. For Leased Vehicles, Include Address, City, State, and Zip Code of Lessee							
Signatures				Sales or Use Tax Schedule			
I, THE APPLICANT, HEREBY CERTIFY UNDER THE PENALTIES OF PERJURY THAT THERE ARE NO OUTSTANDING EXCISE TAX LIABILITIES ON THE VEHICLE DESCRIBED ABOVE THAT HAVE BEEN INCURRED BY THE APPLICANT, ANY MEMBER OF THE APPLICANT'S IMMEDIATE FAMILY WHO IS A MEMBER OF THE APPLICANT'S HOUSEHOLD OR THE BUSINESS PARTNER OF THE APPLICANT. THE UNDERSIGNED HEREBY FURTHER CERTIFY THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF HIS KNOWLEDGE AND BELIEF. FALSE STATEMENTS ARE PUNISHABLE BY FINE, IMPRISONMENT OR BOTH. Signature of Owner from Block 25 or 29. Also Print Name if Different Signature of 2nd Owner from Block 27. Also Print Name if Different Authorized Dealer's Signature Seller's Name (Please Print) CIRCLE CRAFT COMPANY INC. Seller's Address 1760 REVERE BEACH PKWY (RT 16) EVERETT MA 02149				THE COMPANY SIGNATORY HERETO HEREBY CERTIFIES THAT IT HAS OR WILL INSURE OR GUARANTEE PERFORMANCE BY THE APPLICANT HEREIN BEFORE NAMED WITH RESPECT TO THE MOTOR VEHICLE DESCRIBED FOR A PERIOD AT LEAST COTERMINOUS WITH THAT OF SUCH REGISTRATION UNDER A MOTOR VEHICLE LIABILITY POLICY, BINDER OR AND WHICH CONFORMS TO THE PROVISIONS OF GENERAL LAWS, CHAPTER 175, SECTION 113A, AND THAT THE PREMIUM CHARGE AND CLASSIFICATION ON THE EFFECTIVE DATE OF REGISTRATION ARE AS ESTABLISHED BY THE COMMISSIONER OF INSURANCE UNDER CHAPTER 175, SECTION 113B, 113H AND CHAPTER 175E.			
1A. Policy Effective Date: _____ Policy Change Date: _____ 11B. Manual Class: 41C. Ins. Company & Code: _____				Insurance Co's Authorized Representative's Signature 42. Date of Purchase 8/07/2003 43. Odometer Reading 10 X <input type="checkbox"/> New Vehicle <input type="checkbox"/> Used Vehicle If new vehicle, certificate of origin must be submitted Title Type: <input type="checkbox"/> Clear <input type="checkbox"/> Salvage <input type="checkbox"/> Reconstruct <input type="checkbox"/> Owner Retained <input type="checkbox"/> Theft <input type="checkbox"/> Prior Owner Retained Primary Salvage Title Brands: _____ 47. Secondary Salvage Brand _____ <input type="checkbox"/> Repairable <input type="checkbox"/> Parts Only			
Lienholder Information certify that all liens on this vehicle are listed below First Lienholder Code 51. Name BANKNORTH NA Lien Address P.O. BOX 1377 LEWISTON ME 04243 Second Lienholder Code 54. Name				Fee Information H-D 0447 Confidential			